



REGISTRATION FORM

Please photo copy this form as required and Complete Individual forms for each Technician
(Please Print Clearly)

<input type="checkbox"/> TSS Account	<input type="checkbox"/> Fleet	<input type="checkbox"/> Independent Shop
<input type="checkbox"/> WD	<input type="checkbox"/> Other	

Payment Options (please choose one)

<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> Cheque
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Bill to Name:

Bill to Address:

City: Province: Postal Code:

Phone #: Fax #:

Student Name:

Last First Middle Initial

Home Address:

City: Province: Postal Code:

Student Phone: ()

Shop Name: Same as above

Address:

City: Province: Postal Code:

Shop Phone: () Shop Fax: ()

Email Address:

Please fill in the appropriate boxes for the courses you wish to attend.

Course Code or Name	Requested Date	Location

Future Course Request Form.

Please fill out any course requirements that you may have. This information will help us develop the next schedule of training.

1.
2.
3.
4.
5.

In order to process this registration accurately please ensure that all information is correct and complete. Please ensure that a credit card authorization form is completed and submitted. Any incomplete registration forms or credit card authorization forms will be returned for completion. Please sign below to confirm that the above information is accurate and true.

Name:	Position:
Signature:	Date:

Please fax one completed form per student to 1-866-536-3545